

Your financial support is always needed for our programs and services not covered by government funding. Our programs help people with disabilities become independent and integrate into their community. Your charitable contributions are tax-deductible and will go a long way in providing much-needed services for your friends and neighbors with disabilities.

Name:	
Address:	
	_ Email:
Amount of donation:	_ Is this gift anonymous? □Yes □No
Name as you would like it to appear in recognit	ion:
Is this donation from a company: \square Yes \square No	Name of company:
☐ My employer will match this gift. Name of Co	mpany:
Please apply my gift to: □ Annual Fund □ Ca	pital Campaign 🗆 Other:
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Please make checks payable to: BEi	For your records: Donation to (BEi), Bollinger Enterprises, Inc., 44 North State Street, North Warren, PA 16365
Please return this form with your donation to: Bollinger Enterprises, Inc. 44 North State Street North Warren, PA 16365	Amount:
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